



Guardian Transfer Form

Date: _____

I hereby authorize _____ to act as temporary guardian of _____
to attend the practice/race motocross day on _____ at Sunset Ridge MX Park, Walnut,
IL. In the event of a medical emergency, I authorize _____ to act as
representative and authorize any medical treatment necessary.

_____, birthdate, ____/____/____

has no medical conditions, allergies, or any reason to not allow him to participate in motocross
activities. (If any of the following, list below).

LIST OF MEDICAL CONDITIONS, ALLERGIES, OR ANY OTHER CONDITIONS

Printed Name of (Father) _____

Signature of (Father) _____ Date _____

☐

I represent that I have sole legal custody or am sole parent/guardian.

INITIAL

Printed Name of (Mother) _____

Signature of (Mother) _____ Date _____

☐

I represent that I have sole legal custody or am sole parent/guardian.

INITIAL

MUST BE NOTARIZED

Signed before me on this _____ Day of _____, 20____

_____ County, State of _____ My Commission Expires _____

Printed Name of Notary _____

Signature of Notary _____

Notary Stamp/Seal →